

Please type a plus sign (+) inside this box → +

PTO/SB/021 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/911,963
		Filing Date	July 23, 2001
		First Named Inventor	James B. Terry
		Group Art Unit	3673
		Examiner Name	J. Lee
Total Number of Pages in This Submission	22	Attorney Docket Number	1391-10210

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): RECEIVED MAR 26 2003 GROUP 3600
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	DAVID A. ROSE
Signature	
Date	March 13, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 13, 2003.			
Typed or Printed Name	M. A. CRABTREE		
Signature		Date	March 13, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

FEE TRANSMITTAL For FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 72.00

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	\$
1002 330	2002 165	Design filing fee	\$
1003 520	2003 260	Plant filing fee	\$
1004 750	2004 375	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
57	53** = 4	x 18.00 = \$ 72.00	
Independent Claims	9	14** = 0	x 84.00 = \$ 00.00
Multiple Dependent Claims		280.00 = \$ 00.00	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent Claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$72.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)

DAVID A. ROSE

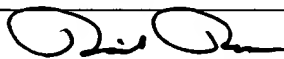
Registration No. (Attorney/Agent)

26,223

Telephone

(713) 238-8000

Signature



Date

March 13, 2003

Complete if Known

Application Number 09/911,963

Filing Date July 23, 2001

First Named Inventor James B. Terry

Examiner Name J. Lee

Group Art Unit 3673

Attorney Docket No. 1391-10210

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$
1053 130	2053 65	Non-English specification	\$
1812 2,520	2520 1,260	For filing a request for <i>ex parte</i> reexamination	\$
18042 920*	1804 460	Requesting publication of SIR prior to Examiner action	\$
1805 1,840*	1805 920	Requesting publication of SIR after Examiner action	\$
1251 110	2251 55	Extension for reply within first month	\$
1252 410	2252 205	Extension for reply within second month	\$
1253 930	2253 465	Extension for reply within third month	\$
1254 1,450	2254 725	Extension for reply within fourth month	\$
1255 1,970	2255 985	Extension for reply within fifth month	\$
1401 320	2401 160	Notice of Appeal	\$
1402 320	2402 160	Filing a brief in support of an appeal	\$
1403 280	2403 140	Request for oral hearing	\$
1451 1,510	1452 755	Petition to institute a public use proceeding	\$
1452 110	2452 55	Petition to revive - unavoidable	\$
1453 1,300	2453 650	Petition to revive - unintentional	\$
1501 1,300	2501 650	Utility issue fee (or reissue)	\$
1502 470	2502 235	Design issue fee	\$
1503 630	2503 315	Plant issue fee	\$
1460 130	2460 65	Petitions to the Commissioner	\$
1807 50	2807 25	Processing fee under 37 CFR 1.17(g)	\$
123 50	223 25	Petitions related to provisional applications	\$
1806 180	2806 90	Submission of Information Disclosure Stmt	\$
8021 40	2821 20	Recording each patent assignment per property (times number of properties)	\$
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801 750	2801 375	Request for Continued Examination (RCE)	\$
1802 900	2802 450	Request for expedited examination of a design application	\$

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$

Complete (if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

If you need assistance in completing the form, call 1-800-OPTO-9199 (1-800-786-9199) and select option 2.